

Guidelines for completing the Direct Deposit Application

- Your Social Security Number is required to process this form. If you are a survivor entitled to receive the original member's benefit, enter "your" Social Security Number.
- If the deposit is going into a joint account, all names on the account must be completed in the repayment acknowledgement section.
- This form must be signed by the payee or the payee's duly authorized and appointed power of attorney or guardian/conservator. If this form is signed by the power of attorney or guardian, a copy of supporting documents must accompany this application.
- This form must be received in our office no later than the 10th of the month for your direct deposit to begin on the 1st of the following month.

For your record, each month you will receive an electronic funds transfer receipt via the U.S. Mail.

The image shows a sample check from ANYPLACE BANK, Anyplace, VA 20000. The check is payable to JEFFREY MAPLE and SUZANNE MAPLE at 123 Pear Lane, Anyplace, VA 20000. The check number is 1234. The routing number is 250250025 and the account number is 20202086. The check is for \$1234.00. A large 'SAMPLE' watermark is visible across the center. Annotations include circles around the routing and account numbers, and a callout box stating 'Do not include the check number.' pointing to the check number field.

JEFFREY MAPLE
SUZANNE MAPLE
123 Pear Lane
Anyplace, VA 20000

PAY TO THE
ORDER OF

ANYPLACE BANK
Anyplace, VA 20000

For

1-250250025-20202086-1234

1234
15-000000000

DOLLARS

Do not include the check number.

Note. The routing and account numbers may be in different places on your check.



APPLICATION FOR DIRECT DEPOSIT

State Form 47144 (R4 / 3-07)

Approved by State Board of Accounts, 2007

INDIANA STATE TEACHERS' RETIREMENT FUND

150 West Market Street, Suite 300

Indianapolis, Indiana 46204-2809

(888) 286-3544 / www.in.gov/trf

INSTRUCTIONS: Must use black or blue ink only.

A trust is deemed to be in effect by the operation of this instrument in the periodic transfer of funds by the payor to the financial organization acting as trustee for the lifetime benefit of the payee to retain and to revert to the payor the funds transferred after the death of the payee. This instrument is governed by the Indiana law and enforceable under the jurisdiction of the State of Indiana. Social Security numbers are requested by this state agency in accordance with the requirements of IRS Code 3405. This form will not be processed without this information.

AUTHORIZATION

Instead of receiving periodic recurring benefit payments by check from the Indiana State Teachers' Retirement Fund, I (*payee*) authorize and request TRF to direct the net amount of such recurring payments to my account at the financial organization (*Bank*) designated below, and I authorize said Bank to accept and to credit the payments to my account. I acknowledge that the transfer of the payments by TRF to the Bank be deemed complete satisfaction and discharge of the obligation of TRF due me. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I will comply with the Bank's procedures providing safeguards against withdrawals of deposits after my death. If any deposits are made subsequent to my death to which I am not entitled, I hereby authorize and direct said Bank on behalf of my estate to refund said deposits to TRF and to charge same to my account.

Full name of payee		TRF number		Social Security number	
Street address		New Address <input type="checkbox"/>	City	State	ZIP code
					Telephone number () -
Are you receiving more than one monthly benefit check from TRF? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, do you want all TRF checks deposited into the same account? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, please complete another Application for Direct Deposit.	

REPAYMENT ACKNOWLEDGEMENT

This section must be completed by any person other than the payee who will or may have access to the account into which the TRF benefit will be deposited, such as including but not limited to a person designated a power of attorney, a guardian or conservator, or a joint owner of the account. All such persons who have such access do hereby agree, as evidenced by their signatures, to notify the Bank and TRF of the payee's death promptly and further agree to be held liable for any amounts due to be returned to TRF from the deposit account after the payee's death.

Name of Authorized Person	Authorization Signature	Date Signed (month, day, year)	Social Security Number

ACCOUNT INFORMATION

Please complete the following information and attach a voided check or deposit voucher.

Routing number (ABA number) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										Account number
Type of account <input type="checkbox"/> Savings <input type="checkbox"/> Checking										
List all names on the account		Name, address, and telephone number of financial organization								
Signature of payee		Date signed (month, day, year)								